PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

1003	3465)
_ 1:0 0	, ,	

CLAIMS AS FILED - PART I					-							
(Column 1) (Column 2)				SMALL ENTITY		OTHER THAN						
To	OTAL CLAIMS		7.0				OR ¬	SMALL	ENTITY			
F	<u> </u>		20					RATE	FEE	4	RATE	FEE
\vdash	OR		NUMBEF	NUMBER FILED		NUMBER EXTRA		BASIC FE	370.00	OR	BASIC FEE	740.00
T	OTAL CHARGE	ABLE CLAIMS	Ωυ minus 20= *		*			X\$ 9=		OR	X\$18=	
IN	DEPENDENT C	LAIMS	3 m	ninus 3 = *			X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRÉSENT						1						
* If the difference in column 1 is less than zero, enter "0" in			"0" in (column 2		+140=		OR	+280=			
	CLAIMS AS AMENDED - PART II						TOTAL		OR	TOTAL	740	
		(Column 1)	AMENDE	(Colur	mn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
⋖		CLAIMS REMAINING		HIGH NUM		22505117	ſ		ADDI-	1		ADDI-
ENT		AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT A	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	1 5 5
AME	Independent	*	Minus	***		=		X42=			X84=	
L	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		∖ ŀ			OR	7.0.	
								+140=		OR	+280=	
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		(Column 1)		(Colun	nn 2)	(Column 3)						
8	•	CLAIMS REMAINING		HIGH NUMI		DDECENT	Г		ADDI-			ADDI-
NT		AFTER		PREVIC	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
ME		AMENDMENT		PAID	FOR				FEE			FEE
AMENDMENT B	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
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	FIRST PRESE	NTATION OF ML	JLTIPLE DEF	PENDENT	CLAIM		┟			OR		
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		(Column 1)		(Colum	nn 2)	(Column 3)				,		
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		REMAINING AFTER		NUME PREVIO		PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL
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¥	Independent	*	Minus	***		=		X42=		ا ہ	X84=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		\vdash			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20,"												
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE												

NOTICE OF FEE DUE

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, DATE:	1-8.02		-
TO:	U1:1:97		
FROM:	Office of Initial Patent Examina	tion	. :
SUBJECT:	: Fee Due		
APPLICA?	TION NUMBER: 100 3	3546	·
Office for tauthorization	e for the attached document submother following reason. Please checon to charge a deposit account. If appropriate fee. If an authorization ciency.	k the application	on for the appropriate on is present, please
□ Insuffic	cient fee by check		
Insuffic	eient funds in deposit account		
□ Decline	ed credit card		
□ Non aut	thorization for charge to deposit a	account	
□ No fee	submitted per requirement 🖻		
	\	٠,	
The correct	t fee code:	amount	\$
The suspen	nded fee code: 197	amount	- \$
Fee Due		amount	=\$
	any questions, please contact Cy rtz at 703-308-3642.	nthia Streater at	t 703-306-5430 or
Terminal O	nerator		